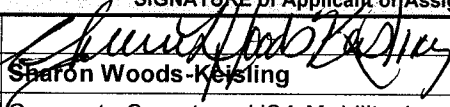


Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

POWER OF ATTORNEY OR REVOCATION OF POWER OF ATTORNEY WITH A NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS	Application Number		10/060,020-Conf. #4941
	Filing Date		January 29, 2002
	First Named Inventor		Terrence E. Sumner
	MANAGING WIRELESS NETWORK DATA		
	Title		
	Art Unit	2419	
Examiner Name		D. C. Ho	
Attorney Docket No.		42387-269125	

I hereby revoke all previous powers of attorney given in the above-identified application.											
<input type="checkbox"/> A Power of Attorney is submitted herewith. OR <input checked="" type="checkbox"/> I hereby appoint Practitioner(s) associated with the following Customer Number as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent <div style="float: right; border: 1px solid black; padding: 5px; margin-top: 10px;">26694</div>											
OR											
<input type="checkbox"/> I hereby appoint Practitioner(s) named below as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith:											
<table border="1"> <thead> <tr> <th>Practitioner(s) Name</th> <th>Registration Number</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> </tr> </tbody> </table>		Practitioner(s) Name	Registration Number			<table border="1"> <thead> <tr> <th>Practitioner(s) Name</th> <th>Registration Number</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> </tr> </tbody> </table>		Practitioner(s) Name	Registration Number		
Practitioner(s) Name	Registration Number										
Practitioner(s) Name	Registration Number										
Please recognize or change the correspondence address for the above-identified application to:											
<input checked="" type="checkbox"/> The address associated with the above-mentioned Customer Number: 26694. OR <input type="checkbox"/> The address associated with Customer Number: <div style="border: 1px solid black; width: 200px; height: 20px; display: inline-block;"></div>											
OR											
<input type="checkbox"/> Firm or Individual Name: <div style="border: 1px solid black; width: 500px; height: 20px; display: inline-block;"></div>											
Address: <div style="border: 1px solid black; width: 500px; height: 20px; display: inline-block;"></div>											
City: <div style="border: 1px solid black; width: 150px; height: 20px; display: inline-block;"></div>		State: <div style="border: 1px solid black; width: 50px; height: 20px; display: inline-block;"></div> Zip: <div style="border: 1px solid black; width: 50px; height: 20px; display: inline-block;"></div>									
Country: <div style="border: 1px solid black; width: 150px; height: 20px; display: inline-block;"></div>		Telephone: <div style="border: 1px solid black; width: 100px; height: 20px; display: inline-block;"></div> Email: <div style="border: 1px solid black; width: 100px; height: 20px; display: inline-block;"></div>									
I am the: <input type="checkbox"/> Applicant/Inventor. OR <input checked="" type="checkbox"/> Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) (Form PTO/SB/96) submitted herewith.											
SIGNATURE of Applicant or Assignee of Record											
Signature: 		Date: 7.24.09									
Name: Sharon Woods-Keisling		Telephone: 703-718-6608									
Title and Company: Corporate Secretary, USA Mobility, Inc.											
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.											
<input type="checkbox"/> *Total of <u>1</u> forms are submitted.											